

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

January 28, 2016

Ms. Paula Patorti, Manager
Our House Outback
196 Mussey Street
Rutland, VT 05701-4839

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 13, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/13/2016
NAME OF PROVIDER OR SUPPLIER OUR HOUSE OUTBACK		STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site Residential Care Home (RCH) re-licensure survey was conducted by the Division of Licensing and Protection on 1/13/16. The following regulatory violations were identified:	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RCH failed to ensure that each resident's care plan addressed all of the resident's assessed and identified needs for 1 applicable resident. (Resident #1) Findings include: Per record review of incident report dated 12/27/15 and admission resident assessment completed on 11/16/15, Resident #1 was identified to have a history of wandering and falls. On 12/27/15 Resident #1 had wandered outside into the enclosed back yard, exiting by the backdoor. The resident sustained a large skin tear on the top of his/her right hand. Resident #1's care plan did not address the patient's known history of wandering or identified any precautions to ensure the resident's safety and consistent monitoring of the resident's location within the RCH was being conducted by staff. The omissions on the resident's care plan was	R145	R145 We have added info to our care plan to address the probability of any resident wandering. We have updated this resident's care plan to include the risk. manager will monitor for accuracy and completion 1/28/16 P.O.C Accepted Q. Q. Lee-Twosh R-145	1/27/16

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Beth New

manager

1/27/16

STATE FORM

6860

09Y011

If continuation sheet 1 of 4

Paula [Signature]

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/13/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR HOUSE OUTBACK

196 MUSSEY STREET
RUTLAND, VT 05701

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R145	Continued From page 1 confirmed by the house manager on the afternoon of 1/13/16.	R145		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to ensure all staff were provided and completed the required 12 hours of training each year. Findings include:	R179		
		R179	on 1/20/16 we held a mandatory inservice and once again discussed the importance of attending All inservices - managers have agreed	

Division of Licensing and Protection
STATE FORM

0900

09YO11

If continuation sheet 2 of 4

Division of Licensing and Protection

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R179	Continued From page 2 Review of training records for 5 of 5 staff who provide care and services at the RCH had not completed all required training. Training associated with Emergency Response and First Aid was not provided to all 5 staff members and only 1 of 5 received training related to Abuse/Neglect and only 3 of 5 completed the required Resident Rights training. The omission of the 12 hours of required training was confirmed by Administrative staff during the morning of 1/13/16.	R179	that each month we will identify staff who have missed required in services. The trainer will meet with each individually to present the content of the inservice missed. staff who do not attend the review will be suspended until the training is completed. managers will monitor for accuracy. 1/28/16 POC Accepted J. DeTosh R-179	2/9/16
R266 SS-E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to provide and maintain a safe and functional environment. Findings include: Per record review, Resident #1, who has a history of falls and wandering was found on 12/27/15 at approximately 3:00 PM outside in the enclosed backyard near the side of the residence. Resident #1 had sustained a large skin tear to the top of his/her right hand. Per interview during the early afternoon of 1/13/16, Administrative staff confirmed upon hearing about the incident involving Resident #1 s/he had reviewed video which captured Resident #1 exiting the back door on 12/27/15 during the change of shift when staff	R266		

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R266	<p>Continued From page 3</p> <p>was involved with report and rounding. The evening staff realized Resident #1 was not in his room and began a search of the premises, finding the resident laying on the ground near the outside bar-b-q with a hand injury.</p> <p>Further review of the incident and observation by the surveyor of the back door found the door alarm was not consistently alarming. It was unclear whether staff heard the backdoor alarm on 12/27/15 and if the alarm was functioning properly. Since this event, the Owner/Manager of the RCH failed to initiate a more complete investigation of the event and also failed to identify the door alarm was malfunctioning. During the afternoon of 1/13/16, repeated attempts to sound the alarm failed. This was confirmed by Administrative staff.</p> <p>At the time of the on-site and acknowledgement by the Owner/Manager, a new alarm was being purchased and was to be installed. It was also acknowledge, the RCH had other residents who wander which increased the potential of a more unsafe environment if they also exited the building, finding themselves in a backyard covered with snow and ice and unprotected from winter temperatures. In addition, frequent rounding by staff would be required to consistently verify residents have not exited the back door and that the newly installed alarm would not malfunctioning.</p>	R266	<p>New bell was added with a different tone than the other door for ease of identifying which door was accessed. —</p> <p>Maintenance has added the bell check to the "first of the month" Safety inspections —</p> <p>Staff has been reminded of the importance of reporting any problem with all equipment —</p> <p>manager will monitor</p> <p>R-266 POC Accepted O. Oettershagen 1/28/16</p>	1/29/16

You may also request an informal review of all or part of the contents of the notice at any time prior to **February 3, 2016** by calling Suzanne Leavitt, RN, MSN, Assistant Division Director, or Clayton Clark, Division Director at (802) 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

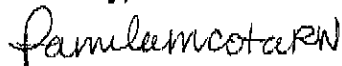
The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **February 3, 2016**.

Appeals

As noted above, you may seek an informal review from Suzanne Leavitt, RN, MS, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the the Human Services Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street

Waterbury VT 05671-2306

<http://www.dlp.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

January 21, 2016

Paula Patorti, Manager
Our House Outback
196 Mussey Street
Rutland, VT 05701-4839

Dear Ms. Patorti:

The Division of Licensing and Protection completed a re-licensing survey at your facility on **January 13, 2016**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **February 3, 2016**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.



Disability and Aging Services

Blind and Visually Impaired

Vocational Rehabilitation

Our House R.C.H.'s Fax Cover Sheet

162 Jackson Ave. fax # (802)773-5716 ph # (802)773-4294
69 1/2 Allen St. fax # (802)773-4287 ph# (802)773-4272
48 So. Main St. fax # (802)773-1776 ph# (802)773-1776
196 Mussey St. fax# (802)775-7551 ph# (802)775-7550
Rutland, VT 05701

Send to: <i>Pam Cota</i>	From: <i>Paula P + Beth D</i>
Attention: <i>DAIL</i>	Date: <i>1/27/16</i>
Office Location:	Office Location:
Fax Number: <i>871-3318</i>	Phone Number: <i>802-773-4285</i>

- ☒ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please Review
- ☐ For your Information

Total pages, including cover:

Comments:

Please find POC for OHOB survey of
1/13/16 -
originals mailed this day -

Thank you
Paula